


FILE NOW: FILING FEE IS \$61.25

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AND
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98 FEB 19 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005853 (4)**

1. Corporation Name

SOUTH FLORIDA ANNENBERG CHALLENGE, INC.

Principal Place of Business

Mailing Address

**515 EAST LAS OLAS BLVD
SUITE 1500
FORT LAUDERDALE FL 33301**

**515 EAST LAS OLAS BLVD
SUITE 1500
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

APPLIED FOR 65-0720741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002439503--7

83

-02/24/98--01084--004

84 City

*******61.25 11/15/96**

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEJAS, PAUL	Please add Director
STREET ADDRESS	200 S. BISCAYNE BLVD, STE 2410	Frank Scruggs
CITY-ST-ZIP	MIAMI FL	515 E. Las Olas Blvd Ft. Lauderdale, FL 33301

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMILTON, RALPH	
STREET ADDRESS	4400 PGA BLVD, STE 900	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWRENCE, DAVID	
STREET ADDRESS	MIAMI HERALD, ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	REITER-FARAGALLI, ROBIN	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARRIZURIETA, JORGE L	450 E Las Olas Blvd Bldg 41
STREET ADDRESS	200 S. ANDREWS AVE, 8TH FLOOR	Ft. Lauderdale, FL
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	33301

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DREYFOOS, ALEX JR	Please add Director
STREET ADDRESS	505 S FLAGLER DRIVE, STE 1450	Shelley S. Stein
CITY-ST-ZIP	WEST PALM BEACH FL	200 East Broward Blvd. Ste. 2000 Ft. Land, FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Leonard Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chair	
1.3 STREET ADDRESS	700 NW 107th Avenue Suite 400	
1.4 CITY-ST-ZIP	Miami, Florida 33172	

2.1 TITLE	Charles E. Cobb, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D	
2.3 STREET ADDRESS	2333 Ponce de Leon Blvd.	
2.4 CITY-ST-ZIP	Penthouse 100 Coral Gables, Florida 33134	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judy Goodman	
3.3 STREET ADDRESS	505 South Flagler Drive Suite 1450	
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33401	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bob Gremillion	
4.3 STREET ADDRESS	200 East Las Olas Blvd.	
4.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Riedel	
5.3 STREET ADDRESS	200 East Las Olas Blvd	
5.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Adolfo Henriques	
6.3 STREET ADDRESS	100 SE 2nd Street 30th Floor	
6.4 CITY-ST-ZIP	Miami, Florida 33131	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by a court attachment with a new address.

SIGNATURE **Reiter-Faragalli** 2-12-98 (arrived 5/98)

CR2E037 (10/97)